

# CITY OF SALINA WATER DEPARTMENT

## AUTHORIZATION FOR AUTOMATIC BILL PAYMENT

I (we) do hereby authorize the City of Salina Water Department, hereinafter called COMPANY, to initiate debit entries to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to debit same to such account.

Your Name:

---

Your Address:

---

DEPOSITORY  
NAME

BRANCH

---

STREET ADDRESS

---

CITY

STATE

ZIP

---

ACCOUNT NO.

---

My account is a ( ☐ )Checking ( ☐ )Savings (Please check one)

This authority is to remain in full force and effect until COMPANY and DEPOSITORY has Received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

DATE

SIGNED

---

**PLEASE ATTACH A DEPOSIT TICKET OR VOIDED CHECK**

**MAIL TO:**

City of Salina Water Customer Accounting Office  
PO Box 1307  
Salina, KS 67402-1307